

UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # <u>10/517734</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓	Filing			\$ <u>400</u>
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	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
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		7 TOTAL AMOUNT OF REFUND		\$ <u>400</u>
10 REASON:		8 TO BE REFUNDED BY:		
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	Duplicate Payment	Credit Deposit A/C #:		
	No Fee Due (Explanation):	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 08--1540 </div>		
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11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Jamala Holland</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>		
OFFICE: <u>PCT</u>		<u>X209</u>		
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APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: